2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009372

FILED Jan 07, 2009 Secretary of State

Entity Name: PROPELLER CLUB OF THE UNITED STATES PORT OF PORT MANATEE, INC.

Current Principal Place of Business: New Principal Place of Business: 600 TAMPA BAY WAY 300 TAMPA BAY WAY PALMETTO, FL 34221 PALMETTO, FL 34221 **Current Mailing Address: New Mailing Address:** P.O. BOX 7300 SUN CITY, FL 335867300 FEI Number: 20-2947185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHUSTA, TIMOTHY P 100 SOUTH ASHLEY DRIVE, SUITE 1900 TAMPA, FL 33602 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: V1ST () Delete () Change () Addition DUBOIS, ANDRE Name: Name: 200 DEL MONTE WAY Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: CD () Delete Title: () Change () Addition TYNDAL, STEVE Name: Name: Address: 300 TAMPA BAY WAY Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: V2ND () Delete Title: () Change () Addition MOTT, PHIL Name: Name: 2 NORTH TAMIAMI TRL, STE 1100 Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PORGES, GREG Name: Address: 1205 MANATEE AVE W Address: City-St-Zip: BRADENTON, FL 34205 City-St-Zip: Title: () Delete Title: () Change () Addition DESIMONE, JOANNE Name: Name: 13231 EASTERN AVE Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: () Delete Title: (X) Change () Addition WAYNE, TRACY O'ROAKE, ANNE Name: Name: Address: 1905 INTERNATIONAL CIRCLE, SUITE 216 Address: 300 TAMPA BAY WAY PALMETTO, FL 34221 PALMETTO, FL 34221 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE M. DESIMONE T 01/07/2009